

Clinical Center

# News

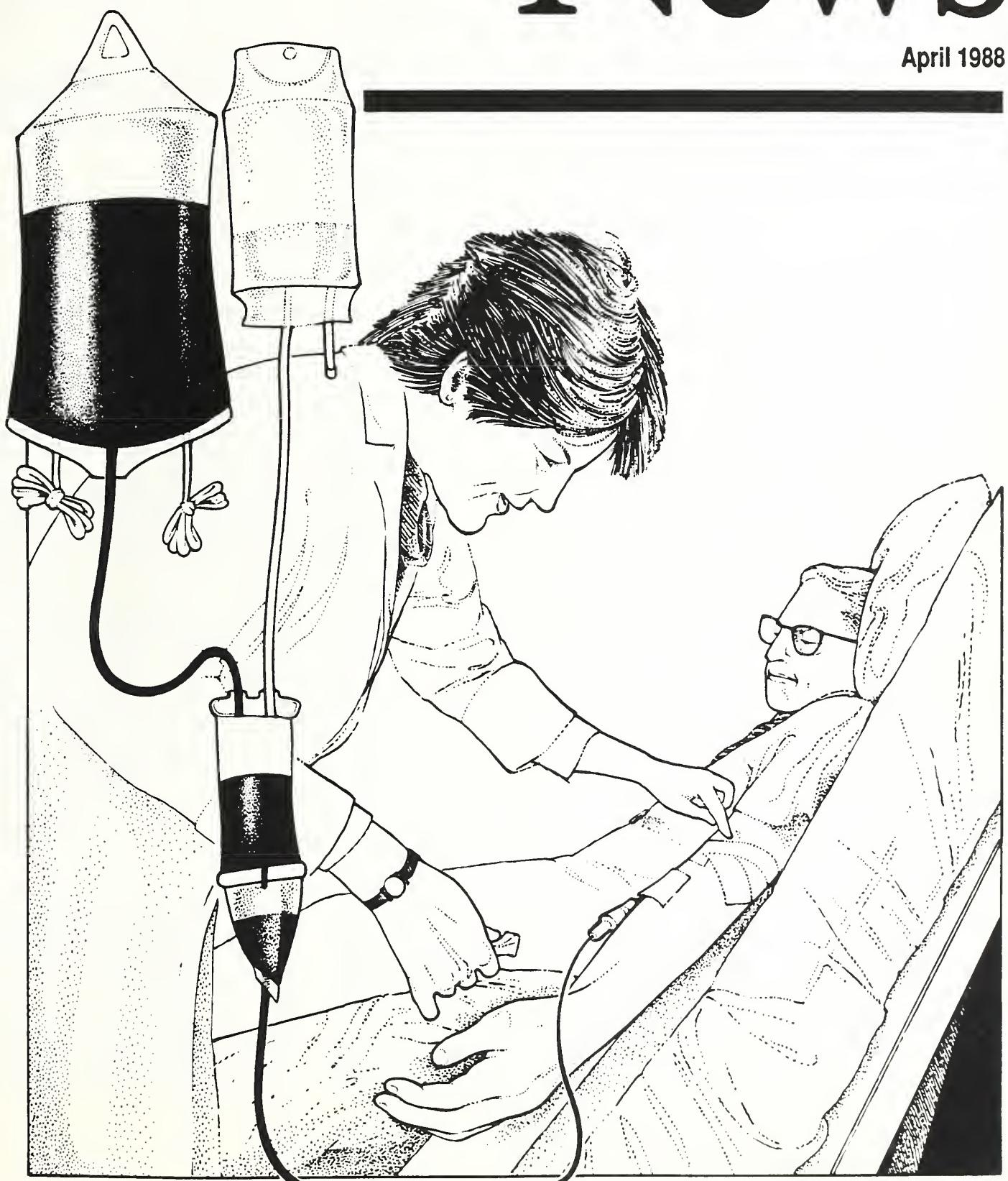
April 1988

In this issue:

Blood Bank stresses caution

CC'ers become TV stars

Pranksters fool friends



## From the editor's desk . . .

**T**hank you for your feedback on the recent changes in *CC News*. Many of you told me that you like the newsletter as it is and find the information valuable. I received several compliments on the cover illustration of bone marrow by Trudy Nicholson.

While most of the feedback I received was positive, many of you said you miss having photographs in the newsletter. Well, don't despair. We are working on revising our method of reproduction so that we can reinstate the use of photographs. Bear with us. You work for the

federal government and are familiar with the term "bureaucratic red tape."

But, photos or no photos, we have a special issue for you this month. In honor of April Fool's Day (you didn't think I'd forget, did you?), we created a special feature on pages 9 and 10. One article highlights changes we, the *CC News* staff members, recommend for the CC. The other features pranks your co-workers have pulled on unsuspecting souls. I would read that page carefully and keep up my guard.

Other stories include ways to prevent

fatal transfusions, the retirement of Environmental Safety Officer Corwin "Bud" Strong, and a non-invasive test developed by scientists to diagnose an AIDS-related virus. Dr. John Decker addresses the importance of patient confidentiality in his column, *From Decker's Desk*, and Till returns from the Winter Olympics in time to offer advise on handling an older sister.

Thanks again for your feedback on the March issue of *CC News*. If you have any stories ideas or news for future issues, or simply want to voice an opinion, drop me a line.

Happy Holidays! -ejp

## Letters . . .

### Picture is worth 1,000 words

I just received the March edition of *Clinical Center News* in the new style. The line drawings of "real people" are the pits. I would be embarrassed to have my name under one of those awful drawings. They are unprofessional and messy looking. I can understand your wanting to use a less expensive means of producing the publication, but to make it look like grade school work is a real disservice to the great information it contains. Save face and please go back to your former format. NIH has a reputation to uphold as a quality place and the March *Clinical Center News* shows anything but quality.

A concerned and longtime NIH'er

*Thank you for your heart-felt opinion. Please read From the editor's desk above.*

### FOCC generosity pays off

This is to acknowledge the tremendous financial support that the Friends of the Clinical Center (FOCC) provided to a number of our families. Its assistance has been made available to families who are at the height of vulnerability -- suffering from the anticipated loss of their child and the potential loss of their home, gas/electric or other basic needs due to the financial crisis imposed on them throughout their child's illness. FOCC's assistance has also been made available to families who have exhausted all other means of financial support.

As a social worker responsible for the comprehensive psychosocial needs of our children and families, I am greatly appreciative of the support FOCC provides to families in crises, for the ease in which it makes that support available and for its enormous generosity. I am also extremely impressed by the sensitivity demonstrated to each family's individual and complex needs.

Sincerely,  
Lori S. Wiener ACSW

### Parents thank staff for caring

This is a thank you to all of the people of NIH who took care of any part of Raymond's treatment in the last four-and-a-half years.

I would not know where or how to begin to thank the many individuals who provided his care. The care and treatment that he received was excellent and beyond.

Raymond was never with a stranger. He had friends from the basement to the top floor.

Our prayers and wishes are that someday there will be a cure for cancer.

Thank you all,  
William and Mary Emerick

*Mary and William Emerick are the parents of Raymond Emerick, who died March 18, 1988.*

### A thank you note from Greece

Thank you very much for the medications you sent to me; I shall be thankful to you all my life because I came to the institute dead and you resurrected me.

With the very difficult but successful heart operation, a change of the heart valve and four arteries, which you performed on me -- a 77-year-old man -- and the excellent placement of new dentures, I now feel very well and fortunate.

Long live America, the National Institutes of Health, and the excellent professional staff with its many and very high-level technological instruments of research, diagnosis and therapy.

My wife and I both kiss, with all our hearts, all the . . . doctors, and nurses of the cardiology, cardiosurgery, department of surgery and dental clinical staff who embraced us so much, took care of us, and successfully healed me.

Yours sincerely,  
S.N.P.  
Malona, Greece

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*Do you have a comment or opinion that you would like to share with other CC employees? Write to us.*

*Letters, which may be edited for space and clarity, must include the writer's name, work address and telephone number for verification. Names will be withheld upon request and be considered confidential. Send letters to Editor, CC News, building 10, room 1C255.*

# Contents

Clinical Center

# News

April 1988

*Editor:* Ellyn J. Pollack

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*CC News* articles may be used for publication if appropriate credit is given.

## Features

Caution Helps Make Blood the Gift of Life .....	4
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*Taking an extra minute to cross-check a transfusion with the potential recipient could mean the difference between life and death.*

Up-and-Coming Changes Will Make Life Easier .....	9
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*In honor of April Fool's Day, CC News staff members put their heads together and created a special feature with recommended changes for CC.*

## Departments

Editorial .....	1
-----------------	---

People .....	7
--------------	---

Gallery Notes .....	8
---------------------	---

Classified .....	14
------------------	----

## Articles, columns and other information

From Decker's Desk .....	3
--------------------------	---

Patient Education Perspectives .....	5
--------------------------------------	---

Newsmakers .....	6
------------------	---

Till Then .....	11
-----------------	----

News Briefs .....	11
-------------------	----

**About the cover:** This month's cover was designed by Trudy Nicholson, Medical Arts and Photography Department. The three-dimensional line drawing depicts the safe administration of a blood transfusion.

*From Decker's Desk . . .*

# Patient Confidentiality More than the Obvious

**H**ave you ever had one of those 'phone calls around supper time that turned out to be someone trying to sell you something? A cemetery lot perhaps? Or more likely a free trip to the Blue Ridge Mountains to see some overpriced, real estate-developed "recreational living" facility? They can be very annoying even if you are potentially interested in their product.

Another intruder of this type is the person who calls with a suggested cure for cancer that involves an expensive extract of the bark of Australian eucalyptus trees. This message is particularly unsettling for the husband whose wife has just been found to have an ovarian cancer, for example. We generally assume that the first type of call is a random event, but what about the second? We put our patients at risk for that sort of vicious quackery by careless handling of such routine and ordinary information as the address and phone number of a patient.

Somewhat the word seems to be out that patient confidentiality deals with some highly confidential matters -- not so! It concerns almost all we know of each patient. It is not just the diagnosis of tuberculosis in the 1930s nor the diagnosis of hepatitis B or AIDS in the 1980s; in fact, the diagnosis is only a small part of

what is confidential. In the practice of any profession, health care categories definitely included, the information exchanged between the patient and the professional is designated as "privileged." This fact is critical to providing appropriate services since elements hidden by the patient may be more important in resolving their problem than they realize. They must feel free to say exactly what happened and what they feel or suspect about it. The nature of the relationship demands that all such information be held in confidence. This is not always as easy as it sounds. There are occasions when the sanctity of this confidence has been questioned. What is to be done, for example, in the case of an individual who threatens suicide or worse, intends to inflict bodily harm on someone else? For most of us under most circumstances, however, we never speak of what patients tell us or what is written in their charts.

The information that is in our records or on the MIS system or in the patient's conversation seems rather free flowing and common. Nevertheless, it is no less privileged than that made available in the privacy of a consultation suite. The provision of the best possible care for our patients and the conduct of our research mission depends heavily upon this flow of

information; we dare not shut it down. Restrictions on that flow would undermine our effectiveness much as the stifling of information transfer has hurt the USSR.

We should all be aware of the routes of transgression; they have been much emphasized. Talk in elevators, strangers (or even relatives) examining charts, names coupled with diagnoses posted for conferences, lists of patients developed because they all had the same diagnosis, careless disposition of outpatient charts, providing information on 'phone inquiry to persons of uncertain relationship to the patient, and just plain gossip. We should all think through our behaviors with patient information, identifying the points at which we may be unwittingly disclosing information where there is "no need to know." The consequences can be far more devastating than the cost of a bottle of eucalyptus juice.

--John L. Decker, M.D.

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*The administrative column, From Decker's Desk, is written by Dr. John Decker, Dr. Saul Rosen or Mr. Raymond Becich and provides information for or addresses issues of concern to CC employees.*

## Family Donates Books to Pediatric Branch in Memory of Son

By Mary Hepburn

**T**his neatly-written notice says it all: "These books were given to 13 West to be used by patients and families. Please use the books during your time here and return them to the cart when you leave."

After 11-year-old lymphoma patient Scott Ritter died in July 1986, his family wanted a living memorial established. It was to be. And now at least 60 books and audiotapes -- with more to come -- targeted to children in the age group of preschool through 9th grade can be found on a cart in the pediatric unit.

Scott Ritter's mother, Susan, and father, Jim, wanted the books to be kept on the pediatric unit on the 13th floor so the patients could get to the books easily.

As well, the books would be hard-

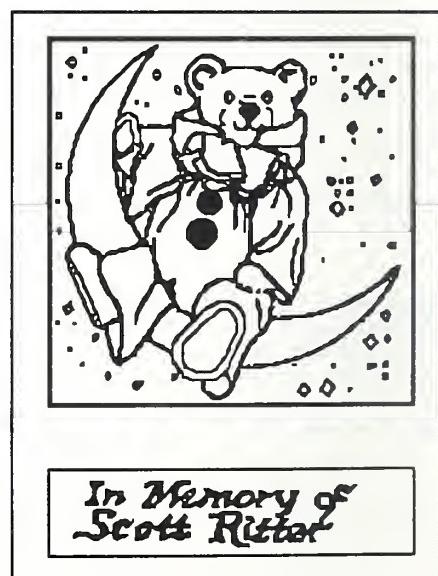
bound -- not paperback. And if the books were written in or even taken, this would be acceptable because it meant the books were being used.

Jim Ritter's colleague and family friend, Dr. Carol Dahlberg, coordinated the book selection process.

"It was important that the books be positive and uplifting," says Dahlberg. Self-determination was an important quality. Literary merit was also key.

The 60 books are each labelled with the inscription, "In Memory of Scott Ritter."

Some of the books in the Scott Ritter Memorial Library include: "Cricket in Times Square," "The Mouse and the Motorcycle," "Trumpet of the Swan," and "Izzy." □



**In Memory of  
Scott Ritter**

# Caution Helps Make Blood the Gift of Life

By Brenda Lee

**A** German poet once wrote, "Experience is a good school, but the fees are high." And so it can be said about blood transfusions. Usually our experiences are good and transfusion is safe and therapeutic. But, more often than we might realize, there are times when the opposite occurs and the outcome is life-threatening.

The story of these costly experiences was first reported by the Food and Drug Administration (FDA) in 1980. It was revealed that many transfusion fatalities were the result of clerical errors involving misidentification of the patient or the blood product. Still others occurred as a result of improper storage or transportation of blood products. According to the report, three-fourths of the errors occurred in patient rooms or operating rooms, and one-fourth occurred in the laboratory.

## Clerical errors . . . misidentification of the patient or the blood product

Clerical errors continue to plague transfusion practice. In an effort to assess the incidence of these errors, the Department of Transfusion Medicine (DTM) monitored the frequency of improperly labeled samples received for patient testing from January to December 1987. On the average, nearly one improperly labeled sample was received each day (a total of 339), with errors such as misspelled names, the wrong patient name, and missing hospital ID numbers. Although an error rate of 4 percent appears insignificant, when it is expressed in terms of human life it takes on an entirely different meaning. When measured against the most dire consequence, it means that each day one individual may be in jeopardy due to an avoidable clerical error.

When blood is needed for transfusion, a sample must be drawn for testing. The American Association of Blood Banks requires that all samples submitted to blood banks contain the patient's first and last names, a unique hospital identification number, a date, and the signature or initials of the person drawing the sample. The collection tube should be labeled at the bedside immediately before drawing

the sample. The name and ID number on the patient's wristband should be checked against that which appears on the label. The correct date and the identification of the phlebotomist must be clearly written on the label.

The Clinical Center uses an additional identification mechanism known as the Typenex Identification Bracelet. The bracelet contains a strip of numbered stickers that are placed on the patient's sample and the requested blood products. It matches numbers as well as names.

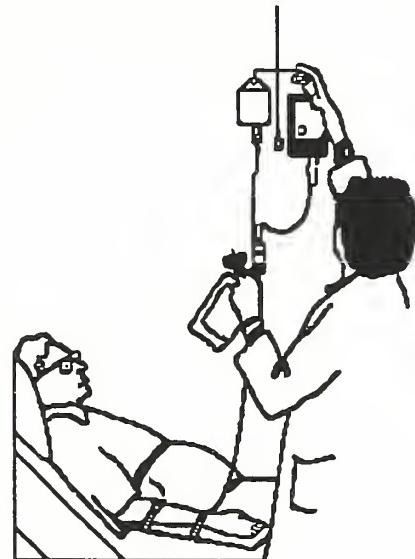
Transfusion fatalities can also result from dispensing errors. Once serologic testing is completed, blood is ready to be dispensed directly to the transfusionist or in-house messenger service for delivery to the patient's room. Often patients have similar names and errors in dispensing can occur. Mix-ups can also occur when units are issued for several patients at the same time.

Blood is a drug and should never be dispensed without a prescription or the proper written form. This minimizes the chance of issuing the wrong unit. In addition, dispensing one unit at a time significantly decreases the margin of error. When blood is signed out from DTM, both parties (dispenser and pick-up person) should double check to make sure names and ID numbers concur on the blood label and the issuing log book.

## Blood is a potent, life-sustaining drug that can kill if not used properly.

Transporting blood from DTM to the patient requires the shortest route possible. Avoid placing the unit on warm surfaces or in cold areas not monitored by DTM. The maximum time allowed for transport of a red cell product, out of a temperature-controlled environment, is 30 minutes. Patients can experience serious adverse reactions from bacterial contamination as a result of improper storage conditions. If infusion to the patient has not started within a half hour after dispensing, the blood must be returned to DTM.

Improper administration of blood products is yet another source of potential transfusion fatalities. In times of crisis, it is easy to overlook important checkpoints.



No matter how urgent the situation, it is critical to take time to identify the product with the correct patient. Check the Typenex numbers, name and ID number on the blood product against the name and ID number of the recipient. This is the only guarantee that the blood slated for infusion has been correctly tested with a sample from the intended recipient.

Blood is a potent, life-sustaining drug that can kill if not used properly. Safe transfusion depends on an effective system of checks. The best prevention is strict adherence to proper procedures by every member of the health care team. The extra time taken to ensure safe transfusion of blood products can mean a lifetime to someone who needs it. □

--reported by Harriett V. Bennett

**ABOUT THE WRITER:** Brenda Lee is a medical technologist who recently completed a one-year internship in the Department of Transfusion Medicine's "Specialist in Blood Banking Program" (SBB). While here, Lee co-produced an educational tape entitled "Preventing Fatal Transfusion Reactions," which will be shown at the 1988 Mid-Atlantic Association of Blood Banks meeting in Charlottesville, Virginia. Currently, she is an administrative technologist with the Children's Hospital National Medical Center in Washington, D.C.

## Spring Brings New Patient Education Tools

Clinical Center nurses seem to be in a continual process of developing a wide range of educational tools for their patients. This month, several new publications can be added to their already prolific list of materials.

■ **Welcome to 9 East.** This booklet is both an introduction to patient care unit 9 East and a summary of important facts lupus patients can use to manage their conditions. The body of the booklet describes the workings of the unit, and separate inserts are available on a variety of such issues as "Rest and Activity for SLE Patients" and "Photosensitivity." Madeleine Lindahl (NIAMSD Nursing Service) and her co-workers put together this booklet.

■ **Understanding Your Heart Tests (parts 1, 2, and 3).** Diagnostic tests for heart patients can be confusing for adults, let alone for children who must undergo such studies as electrocardiograms and cardiac catheterizations. To help diminish the anxiety that may be associated with heart tests, Amy Romanczuk, (formerly with unit 7 East, heart and lung nursing

service), developed a series of three coloring books that depict the events surrounding most of the diagnostic heart tests that children will face. The books have clear illustrations as well as simple explanations that can help nurses, as well as parents, acquaint children with the procedures. Parts 1 and 2 describe general heart tests for preschool and school age children. Part 3 is an explanation of cardiac catheterization for children in both age groups. The coloring books can also be useful tools for teaching children who do not speak English.

■ **Radioactive Iodine Therapy for Outpatients.** Flora Rodney (NIDDK nursing service) contributed the content for this booklet as well as its companion "*Radioactive Iodine Therapy for Inpatients.*" These booklets outline the preparation and procedures that patients will encounter when they are scheduled for radioactive iodine therapy. Precautions that may be needed after therapy are also included.

■ **Thyroid Ultrasound, Technetium-Thallium Scan.** These procedure cards

### Patient Education Perspectives

Wendy Schubert



add to the series that describe various diagnostic tests performed at the Clinical Center. Joanne Muir-Nash (NIDDK nursing service) contributed the content for these cards that describe the preparation and procedure for the tests.

■ **Understanding Congestive Heart Failure.** Susan Biddle (heart and lung nursing service) provided the material for this booklet. The syndrome is defined, signs and symptoms are described, and guidelines on preventive measures are included. Separate inserts explain some common medicines used to control congestive heart failure. □

Wendy Schubert is a public affairs specialist in the Office of Clinical Center Communications. She can be reached at 496-2563, or in building 10, room 1C255.

## CC'ers Advise Takoma Park Students about Career Goals

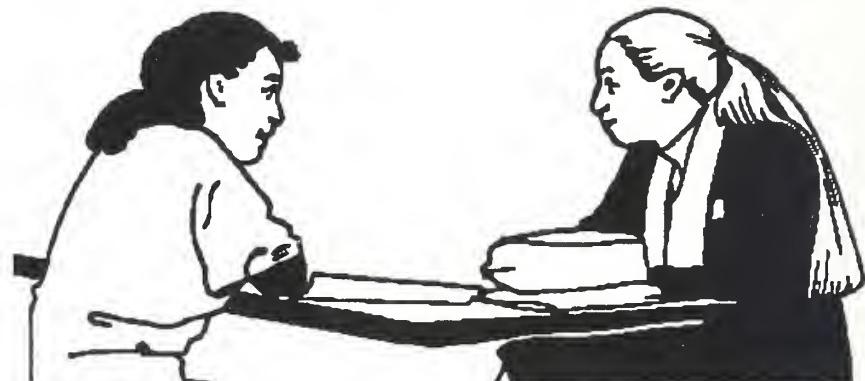
By Mary Hepburn

The girl in the front row listened intently as Dr. Rosalind Miles, neurologist, NINCDS, told the class why and when she became interested in medicine as a career.

It was career day and, since the Public Health Service and Montgomery Public Schools entered into a partnership in 1983, career days are just one of the ways NIH gets involved with the 7th and 8th grade students at Takoma Park Intermediate School in Silver Spring.

What impressed Miles was the age of the girl and her question, "How does one get into medical school?"

In addition to career day, NIH employees, including Clinical Center staff, have been involved with field trips, scientific conferences, and shadowing experiences (students spend time with a research scientist at the Clinical Center). This school has what is called a magnet program (for gifted students). There are about 200 students involved in this program, with about 500 students in total who participate in the



Agnes Courtney-Jenkins, R.N., M.S.N., (right), describes her work as a clinical nurse specialist to a Takoma Park student.

variety of programs offered by the school.

Takoma Park teacher Elaine Seikaly, Magnet teacher, is thrilled with the mind-broadening experience to which her students have been exposed because of the exchange.

For example, during a field trip to the Clinical Center, it was difficult to pry students from scientific displays in the Visitors Information Center.

"We couldn't hope to replicate the expertise of the scientists. The students are lucky to be exposed to current research," Seikaly says.

Any Clinical Center employee who wants to interact with the Takoma Park Intermediate School students can contact Dinah Bertram, special projects office, at 496-1776. □

# CC Newsmakers

**Calvin Bussey**, patient care technician on 11 West, retires April 30 after 32 years at NIH. Bussey says his greatest accomplishments include earning his bachelor's degree in social welfare and rehabilitation through the Upward Mobility College; working as an EEO counselor for three years; and serving on the educational and housekeeping-nursing committees. Upon leaving NIH, Bussey plans to serve in the U.S. Army Reserve tours.

**Dr. Michelle R. Evans** has been named environmental safety officer effective April 1. A USPHS commissioned officer, Evans came to NIH in 1984 to do a research project for her dissertation at the University of North Carolina. A year later, she joined the associate program within the division of safety. (Watch for an indepth interview in the May issue of *CC News*.) Evans will replace Bud Strong, who retired in March. (See page 11 for interview with Strong.)

Recognize any new faces on TV lately? Channel 7, to be exact. Four CC'ers are starring in a promotional piece for the syndicated TV series "Magnum, P.I." Robin Stull won a contest in January for

a skit on why she watches "Magnum." Starring with Stull are Herb Alvord, Susan Gerhold and Brian McAllister. The piece was recently taped in the Visitor Information Center laboratory.

**Linda Quick** is one of four NIH women selected for the 1988-89 Women's Executive Leadership Program, which exposes women to management training activities and opportunities. Only 17 people across the nation are selected; seven are from DHHS. The one-year program involves workshops, classes, readings and rotations.

**Kristen Olsen**, assistant administrator with Building Services in the CC since 1983, moved on March 14 to the division of legislative analysis in building 1 for six months.

**Al Rexroad** has been named acting chief of Special Events. Rexroad has been at NIH for 22 years, and worked in Special Events for seven years. He replaces Linda Rhoads (see page 13).

Outpatient Department Chief Steven Groban recently presented the depart-



Robin Stull tapes a promotional piece for TV series "Magnum, P.I." in CC laboratory.

ment's Employee of the Quarter Award to **Harold Wade** in recognition of Wade's excellent performance as the lead motor vehicle operator. Wade has worked in the Clinical Center for 28 years.

**Dan Rondeau** has been named acting director of the division of equal employment opportunity (EEO) within the Office of the Director, NIH. Rondeau was head of equal employment opportunity activities within the Office of the Assistant Secretary for Health for the past six years. **Jessalyn Pendarvis**, former director of EEO, accepted a position with the Department of the Army.

In June, Drs. **Henry Masur**, **Harvey Alter**, **David Henderson** and **Harvey Klein** will make presentations at the Fourth International Conference on AIDS in Stockholm.

NIH Photographer **Richerd Frederickson** received the first place ribbon in the scientific category during the semi-annual seminar and photographic salon of the Chesapeake Chapter of the Biological Photographic Association held last month. The winning entry was a 12" x 14" color print of a calcified unicuspid heart valve. Frederickson also received an honorable mention in the open category for a studio still life.

## Mark Your Calendars!

## PEF Auction Scheduled for April 27

By Mickey Hanlon

**D**onations are starting to come in for the Patient Emergency Fund (PEF) Auction, which is scheduled from 11 a.m. to 2 p.m. on Wednesday, April 27 in the Visitor Information Center. A silent auction will be held during those hours and a live auction will go from 12:30 to 1:30 p.m.

Among the items donated to R&W, which is sponsoring the event, are two roundtrip tickets to Miami, Florida, on Eastern Airlines; two complimentary weekends at the Bethesda Ramada Inn, including Saturday night dinner and Sunday brunch; dinner for two at O'Donnell's Restaurant; and a white water rafting trip down the New River

Gorge in West Virginia.

Immediately following the live auction, a winning cash raffle ticket will be drawn. Raffle tickets, for an undetermined cash prize, will be sold during the week prior to the auction outside the B1 cafeteria.

Since auction goers may develop an appetite while bidding, a luncheon of subs, pizza, yogurt, pretzels, and popcorn will be available, as well as a tantalizing selection of cakes, brownies, and cookies.

Proceeds from the auction benefit patients who have emergency expenses. So make plans to attend the auction. □

# Stan Hirsch Volunteers Time to CC Social Work After More than 30 Years as a CC Employee

By Carla R. Garnett

**S**tanley Hirsch has not received a paycheck since 1981. Nevertheless, every morning at about 8 o'clock, he reports to the 3rd floor clinic to begin his regular eight-hour workday as the patient recruitment coordinator for NIMH. His schedule is really no less stringent than it has been for the past 38 years of his career, and the duties are not that different. In fact, the only really noticeable difference now is that he does not get paid. That's because Stanley Hirsch is a volunteer.

Not many employees remember when NIH consisted of just seven institutes. In 1955, when Hirsch relocated to the Social Work Department at its Bethesda campus from the Veterans Administration in Montrose, N.Y., the Clinical Center was only about two years old.

"NIH had a fantastic reputation," Hirsch remembers. "Social workers came from all over the world to visit our campus." President Lyndon B. Johnson also was among the esteemed visitors at NIH.

Because NIH was among the first to use family therapy, national and international attention from the mental health care community was not uncommon.

In 1966, Hirsch had become chief of the mental health social work department. "At that time, the main social work department was being divided to accommodate its growing population," he says. Eight years later, to reduce costs, social workers were assigned to individual projects and Hirsch became the patient recruitment coordinator. "Up until then, there was some disorganization and confusion," says Hirsch. "There was a lot of duplication of effort and delays resulted. The referring agencies would get frustrated." Outside doctors or mental health specialists may have had to call several people to get the proper information about referring someone here. "Needless to say, this caused numerous public relations problems," says the volunteer social worker.

Nowadays, Hirsch is the central contact for all NIMH recruitment activities. "I explain the procedure to specialists and family members who call," he says, "and that takes the onus off our doctors here. It

also saves valuable time in the referral procedure."

Sometimes there is no place among the ongoing protocols for a particular patient. When that happened in the past, the person making the referral often had no place else to try, and very little information about what to do next. "Now, since there is a central place to call, I often know about possible referrals outside of NIMH," the patient recruitment coordinator says. "Helping ill patients is the goal of what we do here."

So why does a healthy retiree give up 40 hours a week without benefit of remittance? "The government and NIMH especially have done a lot for me over the years," Hirsch says, "and I wanted to give back a little. If I can continue to help in this small way, then I'll continue to work everyday." □



Stanley Hirsch

## NIH Bone Marrow Donor Back to Daily Routine; Recipient Reported in Good Condition

By Mary Jane Walker

**E**xercising, working, caring for her family -- Susan "Ski" Bennof is back on track after donating marrow on Feb. 19 at Johns Hopkins Medical Institutions in Baltimore.

Meanwhile in Seattle, the recipient's new marrow found its way to the bone, shows signs of engraftment and is making white blood cells; all three are early indications of a successful transplant. In fact, he is doing so well that he has been discharged from the hospital and is being seen as an outpatient.

Bennof is the first NIH donor and the third person ever to give marrow through the National Bone Marrow Donor Registry. "The surgery went smoothly for Ski," says Bernice Loiacono, coordinator of the NIH donor program. "She had surgery on Friday and was back at work the next Tuesday."

Though the physical strain on the donor is light, the emotional impact

weighs heavily. Bennof has developed a sense of commitment to the recipient without ever meeting him and has corresponded with him since the transplant.

"You've heard the Chinese proverb that says if you save someone's life, you are responsible for that person," Bennof says. "I sent a card with the bone marrow and Bernice delivered it to him. Both he and his family sent thank you letters back along with a gift." Later she sent him a detailed six-page letter about her experience with the transplant. More recently she and Loiacono even sent him a birthday present. He turned 34 on March 15.

One month later the emotion still exists, along with the anticipation. "The best news right now," Loiacono says, "is that we're seeing exactly what we want to see with the recipient." She says it will be many months before the recipient is completely out of the woods, but the prognosis is good. □

## Gallery Notes

# Eric Mohn To Open in CC Gallery I May 10

By Helen Orem

A one-man show by Eric Mohn will open on Tuesday, May 10 in Gallery I and continue through June 21. An open-house reception will be held 5-7 p.m. on May 10.

I first saw Mohn's work in 1981 in a show at the Chevy Chase Women's Club. The watercolor of a rural Maryland scene, landscape with a barn, had an evocative, tactile, slightly melancholy strain. There was a strong relation to detail in architecture and nature. The watercolor was sold and over the next four years I continued to look for and make note of Eric Mohn as he was represented infrequently in local shows. He then began to win first place in watercolor awards in the Potomac Art League shows in 1982 and 1984. It was at one of these shows I met Mohn and realized he was a quadriplegic and had been since an automobile accident in 1963.

Mohn began his career in 1977. He has emerged as an artist with a unique technique of painting, rather than as a

"handicapped artist." He had, before the accident, wanted to go into architecture and that love still shows in a devotion to capturing textures and detail in building material. In addition to this attention to detail, there is a softness and a perception in seeing things in a way someone else might not be able or might not take the time to see. He considers it an important part of his job to bring this studied insight.

An opening reception for Mohn will be hosted by Phyllis Morrow, his long-time neighbor. It was through Morrow's efforts that the Clinical Center galleries were put in touch with Mohn and he agreed to a show at NIH. Morrow, a Red Cross volunteer, has been actively involved with the art galleries since their inception two years ago. Her loyalty to NIH dates back to the years when she moved to old Rockville with her young family to be with her husband, Glenn Morrow, chief of the cardiac branch. □

## What is a Poster?

J ules Cheret, father of the poster, began printing color illustrated advertising posters nearly a century ago in Paris. Little did he realize these works would be stripped down by collectors almost as fast as they were posted up. The popularity of the posters was assured because the art spoke forcefully and compellingly to the general public and they contained beautiful imagery.

Collecting posters as an investment in an art form requires knowledge of the major artists working in the early period and attention to condition, advises "Christies," a well-known art investment firm. An investment in a poster for the joy of the image is perhaps what Cheret had in mind. You do not plan to resell, you take it as it is, simply an investment in something on your wall that gives you joy. --hgo

## Teichman Focuses on Feelings and Moments

By Helen Orem

M ary Teichman's prints, showing in CC Gallery III, offer a unique and highly personal glimpse into the private world of the artist. Her small and beautifully-detailed still life focuses on carefully chosen groups of objects; she says that she frames a composition almost as if looking through the close-up lens of a camera. So she works from drawings rather than from photographs.

The objects found in Teichman's composition lend a whimsical and nostalgic air. Old letters, postcards, drawing tools, and tiny decorated boxes appear in seemingly casual disarray on a desk or table top. Yet these objects are carefully selected and arranged. She says, "I look at objects as cultural symbols, as well as references to events in my life. I also choose the objects for shape and color and for their relationships to each other. I want to focus on a particular feeling or moment as in a poem."

"I really have the perfect personality

to be a printmaker because I like to work slowly," says Teichman. "Printmaking is a slow process. Yet it is still magical, somehow. You never know how a print will look until you pull the first proof."

Her use of soft ground etchings and aquatint lends her prints their warm shimmering color and wistful, grainy character. For each image, Teichman works with four copper plates to produce progressives of yellow, red, blue and black. The plates are then printed on wet-on-wet with only one print completed at a time. The plates run consecutively through the press from light to dark, the colors overlapping to produce a great variety and richness of color.

Mary Teichman received her bachelor of fine arts degree at Cooper Union in New York. She has been in juried exhibitions all over the country as well as in Japan. She has won numerous awards. Her work is owned by several major American museums. □

## CC Gallery Artists Through May 10

**Gallery I** Wilma King  
Handmade Paper

**Gallery II** Alexis Lavine  
Watercolors

**Gallery III** Mary Teichman  
Aquatint etchings

**Gallery IV** Helen Ottaway  
Botanical etchings

**Gallery V** Marylou Hartman  
Etchings

**Through June 1**  
**Lipsett Gallery\***

Marvin Saltzman  
Oils

\*In cooperation with the National Academy of Sciences.

# Up-and-Coming Changes Will Make Life Easier

By Mary Hepburn

**F**LASH! SCOOP! Get your latest information about Clinical Center happenings from your *CC News* roving reporter. Remember, nosiness pays off. What follows are up-and-coming changes:

● Since too much time is wasted waiting for elevators in the Clinical Center, it seems appropriate that the elevator system is going to be re-vamped. From now on, ropes will be used to shimmy from floor to floor. Won't that be fun? That's the plan for the able-bodied. Patients and others who don't want to venture on the ropes will be moved between floors by helicopter.

● The parking problem will go away, just like the Edsel. Instead of moving the car into the office (that WAS discussed), the plan is to move the office into the car. And since car phones are all the rage, business can be conducted from the convenience of your car. If you don't feel like talking to your neighbor in the next office -- oops, car -- just roll up the window. Or, better yet, just drive away. Move your office. Millions of dollars will be saved on renovations.

## Metrorail will be extended

● For those employees who take Metrorail to work, I hear there are blueprints just waiting to be dusted off

### Quote of the Month

It is true that you may fool all of the people some of the time; you can even fool some of the people all of the time; but you can't fool all of the people all of the time.

Abraham Lincoln  
(1809-1865)

that will mean the subway will be extended to building 12 and to building 10 through the already existing tunnel.

● During times of power outages, all employees will be required to wear "glow-in-the-dark" uniforms. This will allow personnel to see by their own light and continue working. This special futuristic uniform has been approved by the space coordinator.

● To keep up with changing times, the fourth year clinical electives choices will include a cooking class. Potential is high for this incoming group. So high that a revolving restaurant to show off their talents will be added atop the clinic.

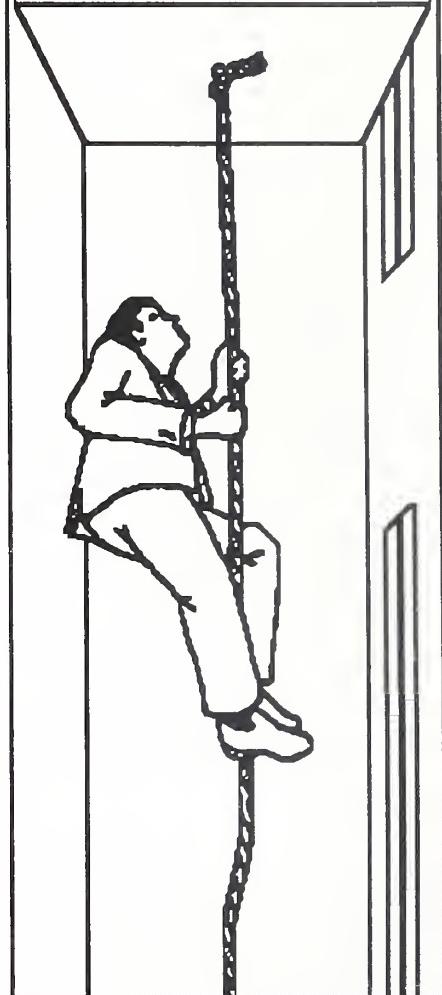
### Lunchtime will be fun time

● Even though everyone usually takes time out for lunch and can even get exercise during a lunch break by climbing the rope to the restaurant, those who want to stay inside can requisition a fireplace for their former office. The fireplace would come in handy for the hanging of stockings year-round. One never knows when Santa will come bounding down. Be on guard.

● Lunchtime can be fun for everyone. For the employee who dines in either cafeteria or the restaurant upstairs -- oops, uproot -- the atmosphere will be a bit different. The table legs will be sawed off, chairs will be tossed out and cushions will be the order of the day. Candlelight and mood music will aid the digestion process. Naps will be expected.

● On the recreation side of life, the Visitor Information Center will be turned into the swimming pool we've all been wanting. The bridge over the VIC will serve as the diving board. Lifeguards will be needed. Don't worry about dressing rooms; cabanas will be located in the lobby. If you're wondering about showers, don't fret. Lawn sprinklers in front of the CC will be kept on year-round.

● That noise you've been hearing is not the overhead mail system breaking down.



It is the practice underway by the 7 East and 12 West staff who will bowl for the gold in the CC Spring Olympics to be staged in the first floor hallway.

● And if bowling is a bit too physical, a highly placed hospital administrator who makes no secret of his love for opera has finally had his dream come true. He has been practicing opera singing for a concert he will give with Leontyne Price at Merriweather Post Pavilion at 7 p.m. tonight. □

**Lifeguards Wanted:** Lifeguards needed for lunchtime shift at CC pool. Requirements include ability to swim. To apply call 496-SINK or 496-SWIM.

## Pranks Not All that Devious

# CC'ers Confess Past April Fool's Jokes

By Mary Hepburn

The assignment seemed simple and straightforward -- Ask employees to think back to a most memorable April Fool's Day and recall pranks that they pulled on someone else or that someone pulled on them. I was the logical person on staff of CC News to carry out the task. (Some people around the Clinical Center contend that I can talk to anyone . . . and usually I do just that).

It's not that I failed at my assignment. I didn't. I tried every possible way to make you hark back to April Fool's Day past and come up with some crazy pranks. I guess I didn't go up to the ornery people. You know them -- the ones who we wanted to nail before they nailed us.

The tidbits I collected weren't juicy enough. My apologies to those of you who think your pranks were devilish. At the time, they probably were. You've heard the expression, "You had to be there." Well . . .

You be the judge.

●Instead of salt in the shaker, sugar was substituted. *Yech.*

### Delivery of 10 Pizzas

●Some found it easier to pull pranks when the telephone could be used to hide one's identity. For example, a call to a drug store with this question: "Do you have Prince Albert in a can? If so, you'd better let him out so he won't suffocate." Or an anonymous call to request delivery of 10 pizzas to another person. *How original.*

●Remember how much fun it was to wait in the wings and watch a bucket of ice water tumble from the ledge above a doorway and land on the head of an unsuspecting friend? *How nice.*

●Money or any valuable object is misplaced, but victim plays along with the joke. *Smart aleck.*

The following tricks are a bit more devious.

### Chocolate Cotton Candy

●Dip cotton balls in chocolate, harden in the freezer, and then offer to a friend. *Just imagine the taste.*

●Steal (oops . . . borrow) the automobile of a relative or friend and hide it. But be ready to own up to the prank before the victim reports a stolen vehicle. *This one takes incredible timing.*

### Polka-Dot Car with Oreos

●Take Oreo cookies, separate and attach to a white automobile for a polka-dot effect. Hope it doesn't rain and wash away the joke. *What a waste of good cookies, though.*



Now we're gettting to the hard-core jokes.

●Put beef bouillon cubes in the shower head and wait until your friends come out smelling like roast beef. *P.U.*

### Natural Shampoo

●Cooking oil is substituted for shampoo. *What a mess.*

●Invite a friend to a costume party. However, your friend is the only one told to dress in a costume. *There's a fool born every minute.*

Maybe we want to forget about this time when silly pranks provided chuckles. Or, if you're still a kid at heart, you have a year to cook up some exciting pranks. April 1st will always be with us. So be on guard. □



# CC News Briefs

## Sister Happier at Home

Dear Till:

My older sister is driving me crazy. She lives with me part of the year, and in another state for the rest of the year. She stays with me because I've been ill and need her help sometimes. Whenever she lives here she refuses to do anything to amuse or help herself. She won't drive or walk anywhere, or call her friends. She doesn't sleep and lost 10 pounds the last time she visited. I need her help for the next couple of weeks, but she insists on going home -- just like she insisted on coming. I just don't know what to do about her. What do you think?

Caretakers Two

Dear Caretakers Two:

You sound like the two comedians who are trying to get through the door at the same moment. They both keep saying, "you first," "after you," and "no, after you." Neither one of them gets through the door. But this is no laughing matter.

If your sister believes that she will feel better at home, then she probably will. You may feel better because you won't be taking care of her, when she is supposed to be taking care of you. You've probably already considered hiring a live-in companion and helper, or perhaps getting a roommate who, for a discount in the rent, would be willing to assist you. But that doesn't solve your immediate problem. Let your sister go home with your blessings. Assure her that you will be fine. Ask a friend or neighbor to stay with you while you search for a hired helper or permanent roommate.

The next time you need help, don't ask your sister. She needs her home environment to function well. Invite her to stay with you when you don't need assistance so that her time with you will be pleasant, not pressured.

*Till Then is a regular feature of CC News. If you have a question about personal or work relationships, your job, or the CC, write to Till at 101C255. Questions will be answered as space permits.*

Linda Rhoads, chief of Special Events Section (SES), recently left the Clinical Center after 17 years to move to Virginia Beach, Va. She received the NIH Director's Award for superior service.

At Rhoads' farewell get-together, Dr. John Decker, director of the Clinical Center, said "She's always been someone you could rely upon and trust totally. The Clinical Center will be a darker place without her."

As for the future, Rhoads recently obtained her license to sell real estate and is already at work.

Dr. Decker declared himself consoled: "If I ever have to buy a house in Norfolk, I know exactly which realtor to call."

"Nursing Research from Start to Finish" will be the topic of the Annual Nursing Research Symposium to be held from 8 a.m. to 3:30 p.m. Thursday, April 14 in the Lippett Auditorium.

Keynote speaker Dr. Elizabeth Sussman, professor of nursing at Pennsylvania State University, will address "Developmental Perspectives on Clinical Research in Nursing: From Birth to Adulthood."

Symposium topics will include proposal development, how to get started in research, multidisciplinary collaboration,

administrative support, data analysis, and research findings and dissemination.

To pre-register, call Maureen Knippen at 496-6012.

The R&W has special license plates for Maryland residents. Employees may purchase license plates with the initials "NIH" followed by four numbers and "Nat'l Institutes of Health" printed across the bottom. The price for the plates is \$8 for R&W members. To order these special plates, send a check for \$8 with your name, current license plate number and telephone number to the R&W office, building 31, room B1W30.

Several vehicles parked in the CC garage have had been vandalized recently. "X" marks have been scratched on the side of the doors and hoods. NIH Police are investigating these cases and employees are urged to call 115 (police emergency) if they observe anyone suspicious around the vehicles. NIH, in conjunction with the Montgomery County Police, has a crimesolvers program that will pay \$100-1,000 for information leading to the arrest and indictment of criminals. Employees may remain anonymous by calling 840-2444 or 496-6893 with their information.



The Smurfs recently visited pediatric patients as part of a Capital Centre promotional campaign for the Ice Capades.

# Scientists Develop Test For AIDS-Related Infection

By Colleen Henrichsen

A fast, sensitive, inexpensive and non-invasive test for diagnosing Pneumocystis carinii Pneumonia (PCP), the most common and deadly AIDS-associated infection, has been developed by the Clinical Center's Critical Care Medicine and Clinical Pathology departments.

The test involves examining the induced sputum of AIDS patients with monoclonal antibodies that are tagged with a fluorescent dye so that they can be viewed under a fluorescent microscope. The study was conducted on patients at the Clinical Center and San Francisco General Hospital (SFGH) and involved scientists from the Clinical Center, NIAID, The University of California at San Francisco (UCSF), and SFGH. Results were reported by Joseph A. Kovacs, M.D., CC Critical Care Medicine Department, Vee J. Gill, Ph.D., Clinical Pathology Department, and colleagues in the lead article of the March 10, 1988 issue of *The New England Journal of Medicine*.

PCP, the leading cause of death in persons with AIDS, affects 70 percent of AIDS patients at some point in their illness. In 1991, 10 years into the AIDS epidemic in the United States, an estimated 100,000 Americans will have been diagnosed with AIDS-related PCP.

"The earlier we can detect PCP, the better the prognosis for effective treatment," Kovacs says. "Presenting symptoms of PCP often resemble less serious respiratory conditions, and it is important to establish the diagnosis and begin therapy promptly."

PCP is most frequently diagnosed by inserting a bronchoscope into the lungs to obtain fluid samples (lavage) or using the instrument to obtain a tissue sample (biopsy). Although these techniques are generally safe and sensitive, they involve some risk and discomfort to the patient and they are expensive for many hospitals to perform. Occasionally open lung biopsy is performed, which is more risky and costly.

Sputum tests were first used to diagnose PCP by investigators at UCSF and the University of Miami. They involve inducing patients to cough up sputum by having them inhale a saline mist generated

by an ultrasonic nebulizer. However, sputum tests using the traditional staining methods were difficult to interpret for PCP and were successful in diagnosing only about 55 percent of cases.

The new test, developed at the Clinical Center's Critical Care Medicine Department and the microbiology service of the Clinical Pathology Department, is an indirect immunofluorescence assay that uses monoclonal antibodies that react specifically with PCP organisms.

In studies conducted at SFGH and the Clinical Center, this new method was tested against traditional staining methods and bronchoscopy. At SFGH, the new test identified 92 percent of the patients tested with PCP. This compared to 76 percent and 80 percent of patients tested with two traditional stains. In a study using similar techniques at the Clinical Center, 23 of 25 patients with PCP, or 92 percent, were diagnosed by this new staining method.

"This is the most sensitive stain we have tested," says Kovacs. "It is a practical, economical diagnostic technique that can be easily adapted by most microbiology laboratories."

The federal government has applied for a patent and is in the process of licensing the monoclonal antibodies against PCP. Diagnostic kits utilizing the monoclonal antibodies are currently being developed and should be commercially available to laboratories in the near future, according to Kovacs.

"Staining of induced sputum is clearly a safe, noninvasive method for rapidly diagnosing PCP in patients with AIDS," Kovacs says. "It is a significant advance in our efforts to respond quickly with appropriate therapy for this major killer," he concludes.

In addition to Kovacs, authors of the report include Henry Masur, M.D., Frederick P. Ognibene, M.D., Joseph E. Parrillo, M.D., James H. Shelhamer, M.D., and Gloria Evans, B.S., Clinical Center; H. Clifford Lane, M.D., NIAID; and W. Keith Hadley, M.D., Ph.D., Valerie Ng, M.D., Ph.D., and Gifford Leung, M.D., UCSF and SFGH. □

## Medical Records Moves To Renovated Offices

By Ellyn J. Pollack

The Medical Records Department is in the process of moving into new quarters located in the North corridor, bringing all five sections of the department together for the first time in 16 years.

"We'll finally be able to put the department back together, which is important to us," says Jerry King, chief of medical records. For 16 years, sections of the department have been located in different parts of the CC, and even outside the building.

The move is divided into two stages. The administrative offices, coding and retrieval section and medicolegal section completed their move in mid-March. The files, microfilm and record processing sections are expected to be settled by mid-April.

King says the department has increased its space, which will enable him to add needed equipment and modify existing functions.

Users' space has increased by 150 percent. CC'ers who dictate reports, for example, in the department area will now have adequate space in which to work.

"Everyone's very excited about the move," he adds. "This is the kind of move you do only once in a lifetime. You're also glad when it's over."

"Staff members' moral is up, and we have a better handle on providing services now that we have adequate space."

The department will hold an open house, perhaps in May. Watch *CC News* for details. □

## The CC Yellow Pages

Have some personal news you want to share with other CC'ers? Looking for a carpool? Or to sell that old lemon you've been driving? Advertise free-of-charge in the *CC News* classified section.

The white notice boards on the first and second floors and in the elevator lobbies of the clinic are for official NIH notices only. That includes meetings, seminars, special employee events and vendor show announcements. All official notices must be dated.

But no need to fret. Place your personal ad in the *CC Yellow Pages* (10/1C255). □

# Bud Strong Resigns after 24 Years

By Mickey Hanlon

**W**hen Corwin "Bud" Strong retired from the Clinical Center at the end of March, he left behind staged building collapses and mock rescue missions. In his 24 years with the Public Health Service as safety officer at the Clinical Center, Strong directed about 30 disaster drills, proving that the CC response team has the "right stuff" when it comes to emergency preparedness.

Response time is critical in emergencies as was the case in the latest CC disaster drill. A staged building collapse that trapped 10 employees sent doctors from Critical Care Medicine, Cancer Surgery, and Occupational Medical Services into action. Casualties were triaged (a priority system designed to maximize the number of survivors by allocation of treatment) and transported to medical care areas throughout the hospital.

"I have participated in every disaster drill since 1982," says Larry Eldridge, associate hospital administrator. "This was the best response I have seen of everyone working together."

Strong, whose name is linked with emergency preparedness, stresses that disaster drills are just one of many aspects of his safety work here at the Clinical Center.

It's not all staged emergencies as Strong recalls. "I'm very active in the Lions Club and was putting on my tuxedo for an evening function when I received a call that the hospital was burning." What is known today as the 9 West fire touched off an investigation of how the fire started and how to prevent others. "The 9 West fire shows just how important a disaster emergency plan is for the hospital," says

Strong. After a thorough investigation that involved simulating conditions with a couch and waste basket at the National Bureau of Standards burn room, it is believed that the fire was started by either a match or a cigarette.

"It is also critical," Strong says emphatically, "to have a team that can respond and assist not only the NIH but the community in a major medical emergency" like the Air Florida disaster. Such a team was formed in 1982 under Strong's direction along with Ralph Stork, emergency planning officer of the Division of Safety. The Disaster Medical Assistance Team (DMAT), part of the National Disaster Medical System, has been training with the military and gaining the expertise needed to respond in a major medical emergency (based on the worst scenario like a major earthquake in Southern California). Military exercises are practiced in the cold, mud, and rain, presenting the worst of environmental conditions. "It is an opportunity for a real hands-on experience," says Strong.

If opportunity only knocks once, it is not true with DMAT. Four years ago, the NIH team, consisting of 32 members, flew out of Andrews Air Force Base aboard a military aircraft to participate in the Los Angeles City Earthquake Awareness Week. Upon arrival, they were besieged by the media and international visitors from Japan and Europe. Next they setup a clearing hospital in one of the large hangars of the Los Angeles International Airport and practiced mock exercises for handling the injured, working closely with the L.A. City Fire and Rescue Department.

"The Los Angeles exercises had a great impact, with the Clinical Center receiving worldwide publicity," Strong says. As a result, Los Angeles designed programs after the DMAT's disaster concept.

Last summer, the PHS medical team was again put to test when they were activated to Fort Dawson in West Virginia by Dr. Robert Windom, assistant secretary for health, to provide emergency medical assistance to the D.C. National Guard during their two-week training maneuvers. The mission was so successful that three weeks later the medical team was traveling



Corwin "Bud" Strong

to Fort A.P. Hill in Virginia to assist the Maryland National Guard during their training.

Dr. J.F. Brinley, Jr., medical commander for the Bethesda Campus DMAT, knows firsthand about Strong's ability to handle crises. "He is absolutely imperturbable in the most trying circumstances. The Disaster Medical Assistance Team and myself will miss him very much."

His dedication to safety at the Clinical Center and his work with the DMAT was recently recognized at his retirement luncheon when he was honored with the Commissioned Corps Outstanding Service Medal. "Bud is the kind of guy who is always willing to go the extra mile," says Ray Becich, CC executive officer. "He voluntarily put many extra hours into his work with the Disaster Medical Assistance Team. He is always willing to help others."

Longtime travel buffs, Strong and his wife, Peg, hope to continue their world travels to exotic places like Central and South America, Peru, the Far East, and Alaska now that he has retired. "My second grandchild is expected in June, so I want to be available for the big event," Strong says. "I also plan to remain active with the Lions Club." □

## Get Your Buttons!

The Confidentiality Education Group kicks off its awareness campaign with buttons, an accompanying pamphlet, posters and table tents. To receive your button, contact your department head or CC Communications at 496-2563. □

## Classified

**For Sale:** Apple IIe computer with 128K memory, 1 disk drive, Hayes Modem (300 baud); 80 column card, graphics printer interface and Panasonic 1091 PRINTER plus wordprocessing and communication software -- \$500 or best offer. Motobecane Grand Touring men's 10-speed bike, excellent condition, campagne color -- \$150 or best offer. Contact Frank or Karen at (301) 564-0747 (evenings).

**Ocean City Rental:** 1-bdrm condo, Ocean Block, 41st Street, sleeps five, good rates, call 365-5180 (evenings).

**For Sale:** Bronco, 4X4, '79, full size, AC, ps, pb, snow plow attachment, metallic brown and cream, tan interior. Call Don 496-0042, 496-2151 or 530-6120.

**Carpool:** Additional person needed for carpool from Frederick to NIH. Hours 8 a.m. to 4:30 p.m. Call Valerie at 496-5761.

**Bed and Breakfast:** Maryland hospitality in a beautifully restored 19th century townhouse. Located in Frederick's Historic District. Reservations required. Call (301) 663-8449 after 5 p.m.

**Companion/driver:** Young woman with M.S. who works at Clinical Center is seeking non-smoking female companion, helper, driver. If interested in assisting me during the week or weekends in exchange for free room and board in luxurious apt. bldg. in D.C. about 20 minutes from NIH, call Mary at 363-3373 evenings.

**For Sale:** China Hutch -- French Provincial, oak; 2-door; glass sides and doors; interior light; 2 glass shelves; bottom cabinet portion includes felt-lined slide-out silver drawer. Perfect condition. \$400 or best offer. Call Dinah Bertran at 496-1776.

**Word Processing:** manuscripts, book chapters, transcription. Pick up and delivery. Call Lori Abrams at Processing Prose 963-6980.

**For Rent:** OC Townhouse, 94th Street on canal, bayside 1-bdrm, den, 1-1/2 bath, w/d, sleeps 6; \$275-425. Call Stan at 496-2381 or 598-7081.

**For Sale:** 1981 Ford Escort 2-door hatchback, very good condition. Asking \$1,200. Call John at 496-2344 or 983-1885.

**Softball Players Needed:** Established NIH co-ed team is seeking a few good women players. Requirements: enthusiasm, good spirits, a sense of humor and some talent. Come out and have fun. Call Phil at 496-4278.

**Piano Lessons** by a professor with D.M.A. degree from Moscow Conservatory (Russia). Superbly experienced teacher of all levels. Close to NIH. Call 654-1483.

**For Rent:** New 3-bdrm, 2-1/2 bath in Sea Dunes, NC, at MP4.5 w/ocean view and dir. access to pvt. beach. Designer-decorated townhome incls. LR/DR w/wet bar, firepl.; all elec. kitchen w/microwave, d/w, color TV, cable, central air, w/w carpet; jacuzzi; steambath. 2 balconies. 2-car garage, w/d, shower, fish clng.tbl. Pool, tennis, handball, wgt. rm. in community. Walk to shopping, movies, restaurants. Avail. thru Nov. 30. For more info. call Jean at 496-0378 or (703) 534-0018.

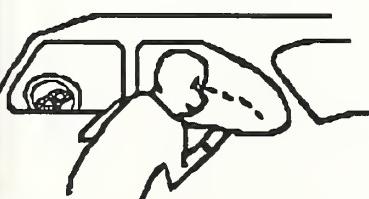
**For Rent:** Beach house in South Bethany, Delaware. 3-bdrm, 2-bath, central air, CATV, w/d, 2 screened porches, shuffleboard, ping pong, boat dock, optional canoe rental. Call 530-6120.



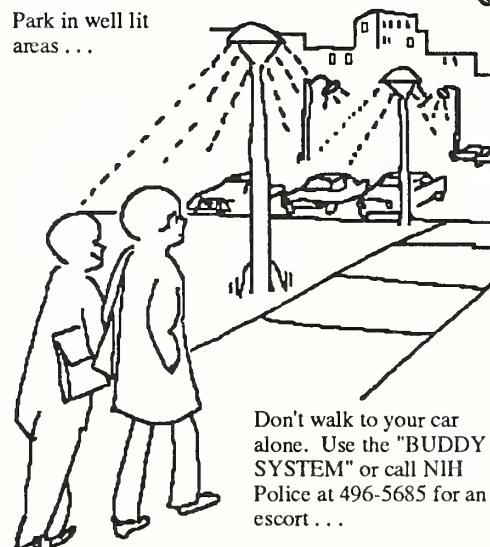
### April Security Tip Crime Prevention The "BUDDY SYSTEM"

NIH Security Branch

Check to make sure no one is hiding in your car before getting in ...



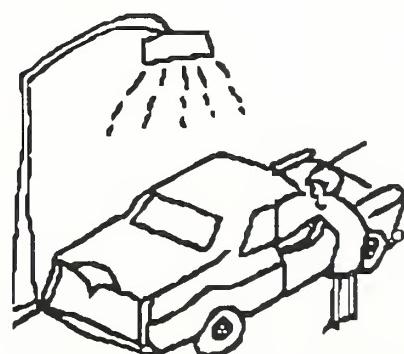
Park in well lit areas ...

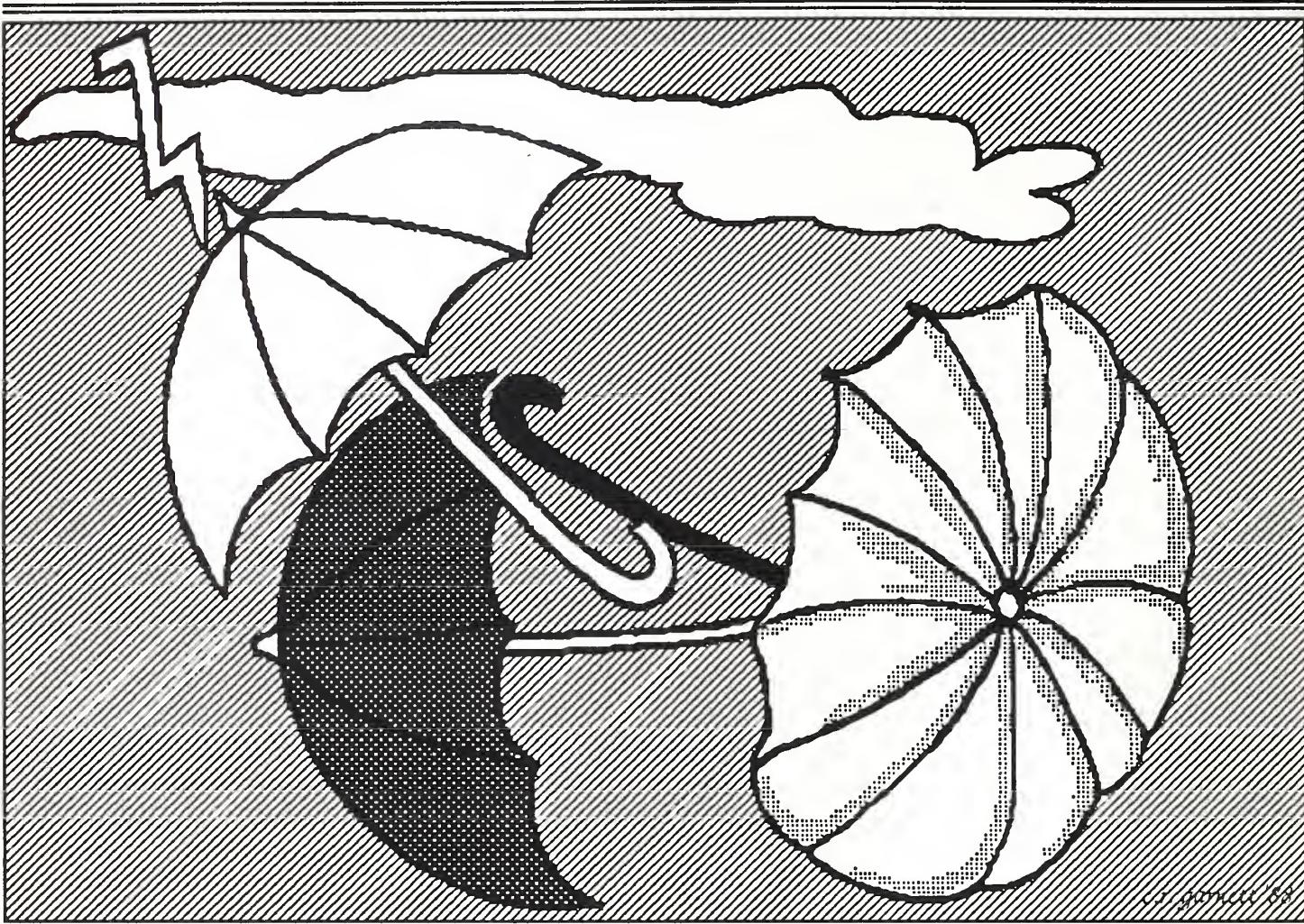


Don't walk to your car alone. Use the "BUDDY SYSTEM" or call NIH Police at 496-5685 for an escort ...



Always have your key ready to unlock your car door ...





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## APRIL CALENDAR OF EVENTS

**6** Grand Rounds. *The Natural History of Depression.* Robert Post, M.D., NIMH. CC Alumnus Presentation. *Choriocarcinoma and Related Gestational Trophoblastic Diseases.* Roy Hertz, M.D., Ph.D., NICHD. Lipsett Auditorium, noon-1 p.m.

**12 & 13** How to Make the Best Selection: Interviewing Techniques. Sponsored by Educational Services. For information, call 496-1618. Building 10, room 1N248, 9 a.m. to 5 p.m.

**13** Grand Rounds. *Innovations in Monoclonal Antibody Tumor Targeting.* Jeffrey Schlom, Ph.D., NCI. *Schistosomiasis: We Can See You Now!* Theodore Nash, M.D., NIAID. Lipsett Auditorium, noon-1 p.m.

**15** *The Troubled Employee.* Sponsored by Educational Services. For information, call 496-1618. Conference Room 1N248, 1-4 p.m.

**20** ECS Guest Lecture Series. *Work Stress: Is Vocational Self-Actualization Still Possible for Me?* Wilson Hall, Building 1, noon-1 p.m.

Grand Rounds. *Fanconi's Anemia.* Neal Young, M.D., NHLBI. *How to Run the Boston Marathon and Survive.* Ronald Crystal, M.D., NHLBI. Lipsett Auditorium, noon-1 p.m.

**21** *Transforming Attitudes about Dying.* Sponsored by Educational Services. For information, call 496-1618. Wilson Hall, Building 1, 1-5 p.m.

**26** How to Make an Effective Presentation. Sponsored by Educational Services. For information, call 496-1618. Building 10, room 1N248, 9 a.m. to 5 p.m.

**27** Grand Rounds. *Tropical Spastic Paraparesis and HTLV I.* Dale McFarlin, M.D., NINCDS. Lung Scanning: Current Concepts of Clinical Utility. Ronald Neumann, M.D., Nuclear Medicine Department, CC. Lipsett Auditorium, noon-1 p.m.



*CC News* is published every month for employees like Ron Kuster, who has worked at NIH for eight-and-a-half years. For the last two years, he has been employed as a medical supply technician. He enjoys helping people in his job as supply clerk for the 13th floor pediatric clinic.